

Appellate Docket Number: 06-20-00040-CR
Appellate Case Style: Cornell Lodell Witcher
Vs.

**Companion
Case(s):**

Amended/Corrected Statement ☐

DOCKETING STATEMENT (Criminal)

FILED IN
6th COURT OF APPEALS
TEXARKANA, TEXAS

Appellate Court: 6th Court of Appeals
(to be filed in the court of appeals upon perfection of appeal under TRAP 32)
3/11/2020 4:07:21 PM
DEBBIE AUTREY
Clerk

I. Appellant	III. Appellee
<p>Name: Cornell Lodell Witcher</p> <p>Appellant Incarcerated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bond Amount:</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p>Name: The State of Texas</p> <p>Appellee Incarcerated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Bond Amount:</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>
II. Appellant Attorney(s)	IV. Appellee Attorney(s)
<p><input checked="" type="checkbox"/> Lead Attorney Retained Attorney</p> <p>Name: Niles S. Illich</p> <p>Bar No. 24069969</p> <p>Firm/Agency: Scott H. Palmer, P.C.</p> <p>Address 1: 15455 Dallas Parkway</p> <p>Address 2: Suite 540</p> <p>City/State/Zip: Addison, Texas 75001</p> <p>Tel. (972) 204-5452 Ext.</p> <p>Fax: (214) 922-9900</p> <p>Email: niles@scottpalmerlaw.com</p>	<p><input checked="" type="checkbox"/> Lead Attorney District/County Attorney</p> <p>Name: Jerry Dean Rochelle</p> <p>Bar No. 17126020</p> <p>Firm/Agency: District Attorney Office</p> <p>Address 1: 601 Main St</p> <p>Address 2: Ste. A</p> <p>City/State/Zip: Texarkana, Texas 75501-5504</p> <p>Tel. (903) 735-4800 Ext.</p> <p>Fax:</p> <p>Email: jerry.rochelle@txkusa.org</p>
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext.</p> <p>Fax:</p> <p>Email:</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext.</p> <p>Fax:</p> <p>Email:</p>

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject Matter or Type of Case):

Sex Offenses

Type of Judgment:

Jury Trial

Date Trial Court imposed or suspended sentence in open court or date Trial Court entered appealable order:

02/13/2020

Offense Charged:

Aggravated Sexual Assault

Date of Offense:

Defendant's Plea: Select

If guilty, does defendant have the Trial Court's Certificate to Appeal? ☐ Yes ☒ NoWas the Trial by: ☒ Jury ☐ Non-Jury

Date Notice of Appeal filed in Trial Court:

03/03/2020

If mailed to the Trial Court clerk, also give the date mailed:

Punishment Assessed:

Is the Appeal from the pre-trial order? ☐ Yes ☒ No

Does the Appeal involve the constitutionality or the validity of a statute, rule or ordinance?

☐ Yes ☒ No**VI. Actions Extending Time to Perfect Appeal**Motion for New Trial: ☒ Yes ☐ No If yes, date filed: 02/13/2020Motion in Arrest of Judgment: ☐ Yes ☒ No If yes, date filed:Other: ☐ Yes ☒ No If yes, date filed:

If Other, please specify:

VII. Indigency of Party (Attach file stamped copy of Motion and Affidavit)Motion and Affidavit filed: ☐ Yes ☒ No ☒ N/A If yes, date filed:Date of Hearing: ☒ N/ADate of Order: ☒ N/ARuling on Motion: ☐ Granted ☐ Denied ☒ N/A If granted or denied, date of ruling:

VIII. Trial Court and Record

Court: 202nd District Court

County: Bowie, County Texas

Trial Court Docket No. (Cause No.):
18F1367-202

Trial Court Judge (who tried or disposed of the case):

Name: Judge John L. Tidwell

Address 1: 710 James Bowie Drive

Address 2:

City/State/Zip: New Boston, Texas 75570

Tel. (903) 628-6771 Ext.

Fax: (903) 628-2217

Email: dniield@txkusa.org

Clerk's RecordTrial Court Clerk: ☒ District ☐ CountyWas Clerk's record requested? ☒ Yes ☐ No

If yes, date requested: 03/03/2020

If no, date it will be requested:

Were payment arrangements made with clerk?

☒ Yes ☐ No ☐ Indigent**Reporter's or Recorder's Record**Is there a Reporter's Record? ☒ Yes ☐ NoWas Reporter's Record requested? ☒ Yes ☐ No

If yes, date requested: 03/03/2020

If no, date it will be requested:

Was the Reporter's Record electronically recorded? ☒ Yes ☐ NoWere payment arrangements made with the court reporter/court recorder? ☒ Yes ☐ No ☐ Indigent☒ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name:

Address 1: Melanie Harris

Address 2: 710 James Bowie Drive

City/State/Zip: New Boston, Texas 75570

Tel. (903) 628-6771 Ext.

Fax: (903) 628-2217

Email: Harrisrept@aol.com

☐ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext.

Fax:

Email:

IX. Related Matters

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

X. Signature

Signature of counsel (or Pro Se Party)

03/11/2020

Date

Niles S. Illich

24069969

Printed Name

State Bar No.

/s/ Niles S. Illich

Niles S. Illich

Electronic Signature (Optional)

Name

XI. Certificate of Service

The undersigned counsel certifies that this Docketing Statement has been served on the following lead counsel for all parties to the Trial Court's Order or Judgment as follows:

Signature of counsel (or Pro Se Party)

/s/ Niles S. Illich

Electronic Signature (Optional)

24069969

State Bar No.

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:	
Date Served: 03/11/2020 Manner Served: eServe Name: Jerry Dean Rochelle Bar No. 17126020 Firm/Agency: District Attorney Office Address 1: 601 Main St Address 2: Ste. A City/State/Zip: Texarkana, Texas 75501-5504 Tel. (903) 735-4800 Ext. Fax: Email: jerry.rochelle@txkusa.org Party: State of Texas	Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:
Please enter the following for each person served that is not an attorney for a party:	
Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: